

Name of Site:

Name of Site Supervisor:

## DAILY MEAL COUNT FORM—BREAKFAST

Date:												Date:												Date:																				
Delivery Time:												Delivery Time:												Delivery Time:																				
Meals received/prepared												Meals received/prepared												Meals received/prepared																				
Meals available from previous day + _____												Meals available from previous day + _____												Meals available from previous day + _____																				
① Total meals available = _____												① Total meals available = _____												① Total meals available = _____																				
First Meals Served to Children (cross off number as each child receives a meal)												First Meals Served to Children (cross off number as each child receives a meal)												First Meals Served to Children (cross off number as each child receives a meal)																				
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12									
13	14	15	16	17	18	19	20	21	22	23	24	13	14	15	16	17	18	19	20	21	22	23	24	13	14	15	16	17	18	19	20	21	22	23	24									
25	26	27	28	29	30	31	32	33	34	35	36	25	26	27	28	29	30	31	32	33	34	35	36	25	26	27	28	29	30	31	32	33	34	35	36									
37	38	39	40	41	42	43	44	45	46	47	48	37	38	39	40	41	42	43	44	45	46	47	48	37	38	39	40	41	42	43	44	45	46	47	48									
49	50	51	52	53	54	55	56	57	58	59	60	49	50	51	52	53	54	55	56	57	58	59	60	49	50	51	52	53	54	55	56	57	58	59	60									
61	62	63	64	65	66	67	68	69	70	71	72	61	62	63	64	65	66	67	68	69	70	71	72	61	62	63	64	65	66	67	68	69	70	71	72									
73	74	75	76	77	78	79	80	81	82	83	84	73	74	75	76	77	78	79	80	81	82	83	84	73	74	75	76	77	78	79	80	81	82	83	84									
85	86	87	88	89	90	91	92	93	94	95	96	85	86	87	88	89	90	91	92	93	94	95	96	85	86	87	88	89	90	91	92	93	94	95	96									
97	98	99	100	101	102	103	104	105				97	98	99	100	101	102	103	104	105				97	98	99	100	101	102	103	104	105												
106	107	108	109	110								106	107	108	109	110								106	107	108	109	110																
② Total First Meals + _____												② Total First Meals + _____												② Total First Meals + _____																				
Second meals served to children 1 2 3 4 5 6 7 8 9 10												Second meals served to children 1 2 3 4 5 6 7 8 9 10												Second meals served to children 1 2 3 4 5 6 7 8 9 10																				
③ Total Second Meals + _____												③ Total Second Meals + _____												③ Total Second Meals + _____																				
Meals served to Program adults 1 2 3 4 5 6 7 8 9 10												Meals served to Program adults 1 2 3 4 5 6 7 8 9 10												Meals served to Program adults 1 2 3 4 5 6 7 8 9 10																				
④ Total Program Adult Meals + _____												④ Total Program Adult Meals + _____												④ Total Program Adult Meals + _____																				
Meals served to non-Program adults 1 2 3 4 5 6 7 8 9												Meals served to non-Program adults 1 2 3 4 5 6 7 8 9												Meals served to non-Program adults 1 2 3 4 5 6 7 8 9																				
⑤ Total Nonprogram Adult Meals + _____												⑤ Total Nonprogram Adult Meals + _____												⑤ Total Nonprogram Adult Meals + _____																				
⑥ Total Meals Served = _____												⑥ Total Meals Served = _____												⑥ Total Meals Served = _____																				
⑦ Total Disallowed Meals (damaged/incomplete 1 <sup>st</sup> meals/other non-reimbursable meals) + _____												⑦ Total Disallowed Meals (damaged/incomplete 1 <sup>st</sup> meals/other non-reimbursable meals) + _____												⑦ Total Disallowed Meals (damaged/incomplete 1 <sup>st</sup> meals/other non-reimbursable meals) + _____																				
⑧ Total leftover meals + _____												⑧ Total leftover meals + _____												⑧ Total leftover meals + _____																				
⑨ Total of items ⑥ + ⑦ + ⑧ = (Item ⑨ should be equal to item ①)												⑨ Total of items ⑥ + ⑦ + ⑧ = (Item ⑨ should be equal to item ①)												⑨ Total of items ⑥ + ⑦ + ⑧ = (Item ⑨ should be equal to item ①)																				
Number of additional children requesting a meal after all available meals were served												Number of additional children requesting a meal after all available meals were served												Number of additional children requesting a meal after all available meals were served																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

DAILY MEAL COUNT FORM—BREAKFAST													WEEKLY SUMMARY				
Date:						Date:							Complete the weekly summary for the days lunches were served during the week.  1 <sup>st</sup> Meals: This is the total number of <b>complete</b> 1 <sup>st</sup> meals served to children. Obtain from # 2 of daily count sheet.  2 <sup>nd</sup> Meals: This is the total number of <b>complete</b> 2 <sup>nd</sup> meals served to children. Obtain from # 3 of daily count sheet.  # Program Adult Meals: Program adults meals are those served to adults working directly with the summer food program. Obtain from # 4 of daily count sheet.  # Nonprogram Adult Meals: Nonprogram adult meals are those served to adults NOT working directly with the summer food program. Obtain from # 5 of daily count sheet.  # Disallowed Meals (DM): Disallowed meals are considered 1 <sup>st</sup> meals that are served incomplete (these meals should <b>not</b> be counted as a 1 <sup>st</sup> meal), meals leaving the site, meals served outside of the meal service time, etc. Obtain from # 7 of daily count sheet.  Leftover Meals: If refrigeration is available these meals can be saved for service the next day. Meal orders should be adjusted based on the number of meals leftover. Friday's leftovers must be disposed of. If refrigeration is not available, leftover meals should be disposed of, daily.				
Delivery Time						Delivery Time:											
Meals received/prepared						Meals received/prepared											
Meals available from previous day + _____						Meals available from previous day + _____											
<b>❶</b> Total meals available = _____						<b>❶</b> Total meals available = _____											
First Meals Served to Children (cross off number as each child receives a meal)						First Meals Served to Children (cross off number as each child receives a meal)											
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84  85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110						1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84  85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110											
<b>❷</b> Total First Meals + _____						<b>❷</b> Total First Meals + _____											
Second meals served to children 1 2 3 4 5 6 7 8 9 10 <b>❸</b> Total Second Meals + _____						Second meals served to children 1 2 3 4 5 6 7 8 9 10 <b>❸</b> Total Second Meals + _____											
Meals served to Program adults 1 2 3 4 5 6 7 8 9 10 <b>❹</b> Total Program Adult Meals + _____						Meals served to Program adults 1 2 3 4 5 6 7 8 9 10 <b>❹</b> Total Program Adult Meals + _____											
Meals served to non-Program adults 1 2 3 4 5 6 7 8 9 <b>❺</b> Total Nonprogram Adult Meals + _____						Meals served to non-Program adults 1 2 3 4 5 6 7 8 9 <b>❺</b> Total Nonprogram Adult Meals + _____											
<b>❻</b> Total Meals Served = _____						<b>❻</b> Total Meals Served = _____											
<b>❼</b> Total Disallowed Meals (damaged/incomplete 1 <sup>st</sup> meals/other non-reimbursable meals) + _____						<b>❼</b> Total Disallowed Meals (damaged/incomplete 1 <sup>st</sup> meals/other non-reimbursable meals) + _____											
<b>❽</b> Total leftover meals + _____						<b>❽</b> Total leftover meals + _____											
<b>❾</b> Total of items <b>❻</b> + <b>❼</b> + <b>❽</b> = _____ (Item <b>❾</b> should be equal to item <b>❶</b> )						<b>❾</b> Total of items <b>❻</b> + <b>❼</b> + <b>❽</b> = _____ (Item <b>❾</b> should be equal to item <b>❶</b> )											
Number of additional children requesting a meal after all available meals were served 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15						Number of additional children requesting a meal after all available meals were served 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15											
													The information provided is true and accurate to the best of my knowledge:  _____ Signature of Site Supervisor				

